

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HN | | 04-23-01 |
| O.I.P.E. CLASSIFIER | | | 06-13-01 |
| FORMALITY REVIEW | MH | 920 | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
| 3 | ✓ | ✓ | |
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| 7 | 0 | 0 | |
| 8 | 0 | 0 | |
| 9 | 0 | 0 | |
| 10 | 0 | 0 | |
| 11 | ✓ | ✓ | |
| 12 | ✓ | ✓ | |
| 13 | ✓ | ✓ | |
| 14 | 0 | 0 | |
| 15 | ✓ | ✓ | |
| 16 | 0 | 0 | |
| 17 | 0 | 0 | |
| 18 | 0 | 0 | |
| 19 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

7/10/06/04